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June 3, 2010

MEMORANDUM

TO:
Legislative Oversight Committee Members
Local CFAC Chairs
NC Council of Community Programs
County Managers
State Facility Directors
LME Board Chairs
Advocacy Organizations
MH/DD/SAS Stakeholder Organizations
Commission for MH/DD/SAS
State CFAC
NC Assoc. of County Commissioners
County Board Chairs
LME Directors
DHHS Division Directors
Provider Organizations
NC Assoc. of County DSS Directors

FROM: Dr. Craigan L. Gray
Leza Wainwright

SUBJECT: Special Implementation Update #73

CABHA Enrollment, Authorization & Claims
New Authorization Process for Outpatient CS Case Management Component
Revised Staff Training Requirements
CABHA Update
Provider Performance Report
PRTF Nursing Coverage
TCM Services for Individuals with DD
Accreditation for DD TCM Providers
CAP-MR/DD: Processing PCP Plans by VO

Critical Access Behavioral Health Agencies Enrollment, Authorization, and Claims

Several organizations have now been certified as meeting Critical Access Behavioral Health Agency (CABHA) status. As a reminder, CABHA status will be certified once for the entire state through a review by a certification team comprised of staff from: local management entities (LMEs), the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and Division of Medical Assistance (DMA). The provider is still required to enter into standardized Memoranda of Agreements (MOAs) with LMEs in the catchment areas where they deliver services and a standardized contract with those same LMEs for State-funded services. Continued certification as a CABHA will be based upon the agency's meeting or exceeding the required performance standards established by the Department of Health and Human Services (DHHS).

Additional information about CABHA can be found at http://www.ncdhhs.gov/mhddsas/cabha/.

CPT and HCPCS Billing Information

Each CABHA is required to offer, at a minimum, the following "Core" services:

1. **Clinical Assessment**
   CABHA attending providers may bill the following CPT and HCPCS codes for clinical assessments:
   - **90801, 90802, H0001, and H0031**
     For provider types and service limitations, please refer to DMA Clinical Coverage Policy 8C http://www.ncdhhs.gov/dma/mp/. Physicians may also bill any of the CPT codes in this policy.
   - **T1023 – Diagnostic Assessment**
     For provider types and service limitations, please refer to DMA Clinical Coverage Policy 8A http://www.ncdhhs.gov/dma/mp/.
   - **99201, 99202, 99203, 99204, and 99205**
     Physicians and advanced practice nurses may also bill these evaluation and management (E/M) CPT codes. E/M codes are not specific to mental health and are not subject to prior approval. E/M codes are subject to published benefit limits, including the 24-visit-per-year limit for adults. These assessment codes are limited to one per attending provider, per recipient, in a three-year period.

2. **Medication Management**
   Physicians and advanced practice nurses may bill the following E/M CPT codes: **90862, 99211, 99212, 99213, 99214, and 99215.** E/M codes are not specific to mental health and are not subject to prior approval. E/M codes are subject to published benefit limits, including the 24-visit-per-year limit for adults. For recipients under the age of 21, there is no limit to E/M codes allowed per year.

3. **Outpatient Therapy**
   For provider types, billable codes, and service limitations, please refer to DMA Clinical Coverage Policy 8C on DMA's website at http://www.ncdhhs.gov/dma/mp/. Physicians may also bill any of the CPT codes in this policy.

4. **At least two additional MH/SA services** (from the list below)
   See DMA Clinical Coverage Policy 8A for Enhanced Behavioral Health Services and DMA Clinical Coverage Policy 8D-2 for Residential Child Care Services on DMA's website at http://www.ncdhhs.gov/dma/mp/.
   - H2022 Intensive In-Home (IIH)
   - H2015 HT Community Support Team (CST)
   - H0015 Substance Abuse Intensive Outpatient Program (SAIOP)
   - H2035 Substance Abuse Comprehensive Outpatient Treatment (SACOT)
   - H2012 HA Child and Adolescent Day Treatment
   - H2017 Psychosocial Rehabilitation (PSR)
   - H0040 Assertive Community Treatment Team (ACTT)
   - H2033 Multi-Systemic Therapy (MST)
   - H0035 Partial Hospitalization (PH)
   - H0013 Substance Abuse Medically Monitored Community Residential Treatment
   - H0012 HB Substance Abuse Non-Medical Community Residential Treatment
   - H0020 Outpatient Opioid Treatment
   - S5145 (Therapeutic Foster Care) Child Residential Level II – Family Type
   - H2020 Child Residential Level II – Program Type
   - H0019 Child Residential Level III and IV
   - Therapeutic Family Services (upon approval by CMS)

5. **Only CABHAs will be able to provide Mental Health/Substance Abuse Targeted Case Management (MH/SA TCM)** upon approval by the Centers for Medicare and Medicaid Services (CMS). CABHAs are not required to provide this service.

CABHA Enrollment
Per Implementation Update #70 (http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/), providers who have achieved certification as a CABHA will need to complete a Medicaid Provider Enrollment Application (http://www.nctracks.nc.gov/provider/providerEnrollment/) to obtain a Medicaid provider billing number (MPN).

CABHA applicants must complete and submit the downloadable paper version of the In-State/Border Organization Provider Enrollment Application or the online version of the Provider Enrollment Application to enroll as a CABHA. When completing the Affiliated Provider Information section of the application, the CABHA **must** list the name, MPN, and NPI associated with that number for each independently enrolled behavioral health practitioner and the name, attending MPN (identified by the alpha suffix appended to the core number), and the NPI associated with that number for each community intervention service that will be billed through the CABHA.

CABHA and National Provider Identification (NPI)
At enrollment, CABHAs will need to identify an NPI associated with the CABHA billing MPN. Providers with current NPIs may choose to subpart, or request multiple NPIs for specific entities within the organization. **All CABHAs are encouraged to obtain a separate NPI for the CABHA for ease of claims reimbursement.**

This CABHA NPI must be used by the CABHA in order to bill for services rendered by the direct-enrolled individuals (for example, medical doctor (MD), licensed clinical social worker (LCSW)) and for enhanced services (for example, Community Support Team) provided by the CABHA. This CABHA NPI will be used as the "billing number." **Please see special instructions below for Therapeutic Foster Care (Level II – Family Type), and Residential Levels II – Program Type, III, and IV Residential Child Care (RCC) services.**

For dates of service July 1, 2010, forward, **if a provider has multiple MPNs but does not elect to subpart their CABHA, the claim will adjudicate through the NPI mapping solution and adjudicate to the CABHA MPN only.** For example, if a single NPI is linked to a CABHA, a physician group, and a psychology group or a CABHA and a Community Intervention Services Agency (CISA), the NPI mapping solution will assign the CABHA MPN as the billing provider for services that are rendered by a CABHA. **Please see special instructions below for Therapeutic Foster Care (Level II – Family Type) and Residential Levels II – Program Type, III, and IV Residential Child Care (RCC) services.**

Please refer to the NPI section on the DMA website at http://www.ncdhhs.gov/dma/NPI/ for additional information regarding NPI.

Authorization Requests
CABHAs should submit requests for all enhanced services with the attending MPN. All authorizations will be made to the attending MPN. In other words, providers should continue to request authorizations in the same way as they do today.

For outpatient services, independently enrolled providers operating under a CABHA are required to submit a new request for prior approval to ValueOptions for service dates effective July 1, 2010, and forward for any recipient that will be now seen under a CABHA. Again, these new authorizations will only be required for "CABHA" clients. Providers must submit one authorization request per recipient for **each attending provider.** For dates of service, effective July 1, 2010, and forward, all authorizations for outpatient services will be made to the attending MPN (the "Attending Provider Name/Medicaid #" on the ORF2 form). This is a change from prior authorization guidance published in the June 2009 and July 2009 Medicaid Bulletins. Prior authorizations for outpatient services will now cover **only** the attending provider who requested and received the authorization.

In these situations, providers must submit a new request on the ORF2 with their "Attending Provider Name/Medicaid #" and the (CABHA) "Billing Provider Name/Medicaid #". A new prior authorization will be created for the "Attending Provider Name/Medicaid #".

Special Instructions: Therapeutic Foster Care (Level II–Family Type) and Levels II–Program Type, III, and IV Residential Child Care (RCC)
Even in instances when these services are part of the CABHA continuum, CABHAs should submit requests for Therapeutic Foster Care (Level II–Family Type) with the LME's MPN. In other words, providers should continue to request authorizations in the same way as they do today.

In instances when these services are part of the CABHA continuum, CABHAs should submit requests for all Level II–Program Type, III, and IV Residential Child Care Services (RCC) with the Level II–Program Type, III, or IV providers MPN. In other words, providers should continue to request authorizations in the same way as they do today.

Claims Submission
Claims for all CABHA services (with the exception of Levels II–Program Type, III, and IV) will be billed using the professional claim (CMS-1500/837P) format. The CABHA NPI should be listed as the 'billing provider." The "attending provider number" should be the NPI associated with the provider/service for which prior authorization was obtained. **Claims for Therapeutic Foster Care (Level II–Family Type) must continue to be submitted through the LME for processing.** In other words, providers should continue to submit Therapeutic Foster Care claims in the same way as they do today.

Claims for Residential Levels II–Program Type, III, and IV (provided by CABHAs) should continue to be billed using the institutional claim (UB-04/837I) format. In these instances, providers must continue to submit claims with the current billing NPI associated with the Level II–Program Type, III, or IV. In other words, providers should continue to submit claims for Levels II–Program Type, III, and IV services in the same way as they do today. If providers submit RCC claims under the CABHA's NPI, the claim will be denied.

CABHA's performing State funded services will continue to have services approved and billed to the Integrated Payment and Reporting System (IPRS) through the LMEs.

Medicaid enrollment questions may be directed to Computer Sciences Corporation (CSC): 1-866-844-1113. Medicaid claims questions may be directed to HP Enterprise Services**,** 1-800-688-6696 and policy questions may be directed to DMA Behavioral Health Section at 919-855-4290.

Additional information about CABHA can be found at http://www.ncdhhs.gov/mhddsas/cabha/.

New Prior Authorization Guidelines for Outpatient Behavioral Health Service Providers and Provisionally Licensed Providers Billing "Incident to" a Physician or through the Local Management Entity
Effective July 1, 2010, prior authorizations for all outpatient services will be created for the "Attending Provider Name/Medicaid #" on the ORF2 form. Providers must enter the Attending Medicaid Provider Number (MPN) associated with the Attending NPI with which they will submit their claims (do not submit NPI on the ORF2). Prior authorization requests will no longer be made for group providers.

For CABHA only: For outpatient services, independently enrolled providers operating under a CABHA are required to submit a new request for prior approval to ValueOptions for service dates effective July 1, 2010, and forward for any recipient that will be now seen under a CABHA. Again, these new authorizations will only be required for "CABHA" clients. In these situations, providers must submit a new request on the ORF2 with their "Attending Provider Name/Medicaid #" and the (CABHA) "Billing Provider Name/Medicaid #." A new prior authorization will be created for the "Attending Provider Name/Medicaid #."

For all providers: Both the "Attending Provider Name/Medicaid #" and "Billing Provider Name/Medicaid #" fields on the ORF2 must be completed or the request will be returned by ValueOptions as "Unable to Process."

Community Support Case Management Component
Current Community Intervention Service providers and Critical Access Behavioral Health Agencies will be able to provide the case management component of Community Support service by qualified and licensed professionals during the interim period until the new case management service definition is approved. As a

result, consumers currently receiving Community Support and new consumers entering the system on or after July 1, 2010, will be able to receive the case management component of Community Support in order to ease the transition to the new case management service. Further information will be published as it becomes available.

Please see Implementation Updates #65 and #68 (http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/) for additional information. (**Note:** LMEs may also authorize the case management component of Community Support services for non-Medicaid-eligible consumers under these same criteria, subject to availability of funds and the provisions of the LME's benefit plan.)

Requests for the skill building components of Community Support services for children must follow the established Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) procedures and requirements, which are available at http://www.ncdhhs.gov/dma/epsdt/.

Revised Staff Training Requirements for Community Support Team, Intensive In-Home, and Day Treatment Services

We have heard from many providers with concerns about the increased training requirements that have been outlined in three specific service definitions: Community Support Team, Day Treatment and Intensive In-Home. Providers have expressed concerns specifically with the amount of training being required and the short timeframes in which training was to occur. We have taken those concerns very seriously and have re-evaluated all of the training requirements for these services individually and with the knowledge that these three services will, in the future, be delivered only by CABHAs. This Implementation Update outlines the revised training requirements and attempts to put our thinking regarding these training requirements into the proper clinical context.

All of the experts involved in the development and implementation of evidence-based practices strongly emphasize the need for a "learning community" approach to implementation. These practices are not effectively implemented with fidelity to the model by simply attending a few classroom-based training events. Rather, successful implementation requires the provider agency and staff to embrace the practice and design continuous on-the-job training approaches – such as supervision, mentoring, and coaching - to "imbed" the practice in all treatment activities. In addition, the development of learning communities with cross-agency representation gives staff the benefit of learning from activities occurring in other agencies.

DHHS is committed to working with the provider community to encourage the growth of clinical skills and competencies and increase the availability of true, model-faithful evidence-based practices that improve outcomes for consumers.

With these goals and understanding in mind, we have redesigned the training requirements to lay the foundation for the creation of learning community approaches by exposing all provider agency direct care staff to introductory classroom training that begins to build the understanding of the key principles required in each practice. As CABHA agencies become certified and operational, we will continue to work in collaboration with the training directors of those agencies to continue to expand on this goal and vision.

The revised training requirements are outlined in Attachments A-C respectively. Important changes include:

1) **Person Centered Thinking**

   Since 2006, NC has adopted person centered thinking and planning and has been working to foster the development of person centered organizations. Over the last three years, NC has been engaged with five other states in implementing and sustaining person centered organization practices in provider agencies serving all ages and disabilities.

   To continue this progress, the three service definitions will require twelve (12) hours of Person Centered Thinking training from a credentialed Person Centered Thinking trainer. The 12 hours of training are required for all new and existing staff for all three services, regardless of any Person Centered Thinking training previously received. The only exception to this requirement is if the provider received the

standardized 12 hours of Person Centered Thinking training from one of the certified trainers listed on the Learning Community website (link below).

The following resources may be used to find credentialed Person Centered Thinking trainers:

- http://learningcommunity.us/network.html or
- Contact Support Development Associates (SDA) by calling 410-626-2707 or emailing Tamsen@sdaus.com to arrange training.

Process to Become a Credentialed Person Centered Thinking Trainer:
The Learning Community for Person Centered Practice has a trainer credentialing process to become credentialed to deliver the two day, 12 hour curriculum required by the service definitions. That process is outlined at:
http://www.learningcommunity.us/documents/trainers_certification_process_vfinal_approved_july_2008.pdf.

2) Motivational Interviewing
The revised training requirement for Motivational Interviewing is 13 hours of Introductory Motivational Interviewing delivered by a Motivational Interviewing Network Trainer (MINT). Please refer to the attached Community Support Team and Intensive In-Home training grid (Attachment B and C) for training timeframes.

* If a staff person has documentation of having received the required number of training hours from either a MINT or non-MINT, within the past two years prior to the April 1, 2010 Clinical Coverage Policy 8A posting of Community Support Team and Intensive In-Home, he or she will be deemed to have met this requirement.

A listing of MINTs may be found at: http://motivationalinterview.org/training/usan_z.html.

Process to Become a MINT:
The next MINT sponsored Training of New Trainers will be in San Diego, California, on October 4-6, 2010**.** You may go to http://motivationalinterview.org/training/index.html for more information about this training.

In order to request to be on an email announcement list for information about future training of new trainers, you may go to http://motivationalinterview.org/training/mint.htm or send an email to mint.tnt.info@gmail.com.

DMH/DD/SAS is exploring options with the MINT community to develop a curriculum for the staff development personnel within an agency to be able to conduct Motivational Interviewing training within the confines of their agency.

3) System of Care
The designated training sites and curricular for meeting the 11 hours of System of Care training has been clarified. Providers may choose from one of the following:

- University of North Carolina at Greensboro and North Carolina State University, course title: Introduction to Child and Family Team: A Cross System Training from the Family's Perspective.
- MeckCares course titles (all four courses are required):
  - (MCTI) CFT 101 – Introduction to System of Care and Child and Family Teams
  - (MCTI) CFT 201 – Introduction to Child and Family Teams Coordination
  - (MCTI) CFT 202 – Strengths, Needs, & Culture Discovery for Child and Family Teams
  - (MCTI) CFT 203 – Creating Natural Supports through Child & Family Team Planning

Provider staff who have documentation of having received the required training hours since January 1, 2007, will be deemed to have met this requirement.

Process to Become a System of Care Course Trainer:

The UNC-Greensboro Training of Trainers course can be found at:
http://www.uncg.edu/csr/cft/courses.html

4) **Clarification for Other Training Requirements**
Provider agency staff who have documentation of having received the required training specific to the modality selected by the agency for the provision of services for Community Support Team, Intensive In-Home and Day Treatment within the past two years and prior to April 1, 2010 (Clinical Coverage Policy 8A posting of Community Support Team and Intensive In-Home) for the following practices will be deemed to have met this requirement:
   - Cognitive Behavior Therapy
   - Trauma-Focused Therapy
   - Illness Management and Recovery (SAMHSA Toolkit)
   - Family Therapy

5) **Service Definition Changes**
Community Support Team and Intensive In-Home providers must ensure that all staff delivering these services prior to July 1, 2010 are informed of and adhere to all service definition changes per Clinical Coverage Policy 8A effective July 1, 2010.

6) **Hours and Timeframes**
   - The initial number of required training hours for Community Support Team and Intensive In-Home has decreased.
   - The Day Treatment training hours have been clarified (refer to training grid attachment A).
   - The time frames for completion of training have been extended (refer to the training grid attachments A, B, and C).

All of these training requirements provide an initial foundation upon which a learning community is based. Providers should build an organization whose staff have a comprehensive knowledge base and continue to develop and refine clinical and professional skills through ongoing education and learning. In the development of these learning communities, it is the provider's responsibility to involve consumers, families, and other stakeholders. Learning is a lifelong process which does not end with the initial training. An intentional effort to incorporate learning and practices that results in the best outcomes for persons served is an essential characteristic of a learning community.

CABHA Update

The processing of Letters of Attestation from provider agencies pursuing certification as a CABHA continues to progress. The following is a brief summary of the current status as of the fourth week in May:

- 110 agencies have met the requirements of the desk review
- 55 of those meeting the desk review have been sent to the DMH/DD/SAS Accountability Team to be scheduled for the verification review
- 34 agencies have completed the verification review and of those 26 have been sent to the regional certification team to be scheduled for interviews
- 12 agencies have completed the interview and have been certified as CABHA agencies; the remaining are scheduled to be interviewed in the upcoming weeks

Resubmissions of Attestation Letters continue to be processed and verification and interviews will be scheduled as they complete the prior phase. A list of those agencies receiving CABHA certification will be available on the DMH/DD/SAS CABHA webpage, http://www.ncdhhs.gov/mhddsas/cabha/index.htm.

Provider Performance Report

The DHHS will begin publishing individual Provider Performance Reports on the DMH/DD/SAS website in SFY 2011. Draft reports will be piloted in the fall of 2010 with a small group of providers and published on the web in 2011. Based on preliminary conversations with the State Consumer and Family Advisory Committee (CFAC) and representatives of local management entities and provider groups, DHHS has developed a tentative schedule, format and content for these reports. See the draft Provider Performance Report attachment for an example of the proposed structure.

The DHHS is seeking input from provider agencies, LMEs, and consumers and family members on the plans for this project. Please submit any comments to ContactDMHQuality@dhhs.nc.gov by June 30, 2010.

Psychiatric Residential Treatment Facilities (PRTF) Nursing Coverage

Federal regulations governing Psychiatric Residential Treatment Facilities for children/adolescents (PRTFs) require the programs to have 24/7/365 nursing coverage. In North Carolina, we have increased that requirement in rule to specify that the nursing coverage must be provided by a registered nurse (RN) (10A NCAC 27G.1902(e)). We have heard from many providers that this requirement, especially for the third shift, can be problematic and may be inhibiting the development of these programs. We have received a number of waiver requests from PRTF providers to have a licensed practical nurse (LPN) fulfill the nursing requirement on the third shift. We have approved and will continue to approve those requests when the provider indicates that a RN is available on call to provide assistance to the LPN, if necessary.

Targeted Case Management Services (TCM) for Individuals with Developmental Disabilities (Update/Clarification of IU #71)

Effective July 1, 2010 the DMA is requiring all targeted case management provider agencies to be directly enrolled to provide Medicaid reimbursable Targeted Case Management (TCM) services for individuals with developmental disabilities.

Computer Sciences Corporation (CSC) will begin accepting enrollment applications effective May 1, 2010. The LME will have the ability to continue to bill on behalf of providers until December 31, 2010 to enable adequate time for providers to attain notification of direct enrollment. Existing providers **must** complete the Medicaid provider enrollment process to request direct enrollment for their corporate site by June 30, 2010.

For existing providers of TCM services, i.e. providers currently providing TCM and billing Medicaid for those services through an LME, the endorsement process will be completed through the use of the signed Letter of Attestation (http://www.dhhs.state.nc.us/MHDDSAS/servicedefinitions/servdefupdates/update71/tcm-attestationltr3-31-10-attach3.doc). Existing providers of TCM who have multiple sites are required to sign the TCM Letter of Attestation indicating compliance to the new TCM policy. The provider sends an original signed TCM Letter of Attestation to each LME where the provider has an office. Upon receipt of the original signed TCM Letter of Attestation, the LME will complete a notification of endorsement action (NEA) letter and send to the provider agency. The provider agency will submit the signed TCM Letter of Attestation, the NEA letter and a completed Medicaid Provider Enrollment Application to obtain a Medicaid provider billing number for each site. (http://www.nctracks.nc.gov/provider/providerEnrollment/). **Providers who have multiple sites and have already submitted the information for the corporate site will have until December 31, 2010 to submit the necessary information for each additional site.**

Upon receipt of the provider number, the case management provider will submit a Provider Change Request form found on the link below to ValueOptions requesting a change of all current, valid TCM service authorizations from the LME's provider number to the TCM agency's new provider number. ValueOptions will update the current authorization to include the agency's provider number.

The LME is required to monitor the provider's compliance to the Medicaid State Plan Amendment for ***Targeted Case Management Services for Individuals with Developmental Disabilities*** based on the established monitoring and oversight protocol as defined in the ***Guide to Standardized Administration of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services Frequency and Extent of Monitoring Tool and the Provider Monitoring Tool for Local Management Entities.***

Accreditation Requirements for Developmental Disability Targeted Case Management Providers

Providers of Targeted Case Management (TCM) services for individuals with developmental disabilities are required to secure national accreditation within one year of enrollment with DMA.

CAP-MR/DD: Processing Person Centered Plans (PCP) by Value Options

The following serves to provide clarification to information contained in Implementation Update #72.
Per Implementation Update #72: CAP Provider Change Only

- Cost Summary
- CTCM to discharge previous provider
- CTCM to add new provider

Correction: CAP Provider Change Only

- PCP Update (per the *Records Management and Documentation Manual for Providers of Publicly-Funded MH/DD/SA Services CAP-MR/DD Services and Local Management Entities*)
- Cost Summary
- CTCM to discharge previous provider
- CTCM to add new provider

Unless noted otherwise, please email any questions related to this Implementation Update to ContactDMH@dhhs.nc.gov.

cc: Secretary Lanier M. Cansler
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